FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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SEC USE ONLY

Prefix

NOTICE OF SALE OF SECURIFIES	iF.C	FM	IEL/	
PURSUANT TO REGULATION DN	7	7	200	

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| D | E

DATE RECEIVED

Serial

(check if this is an amendment and name has changed, and indicate change.) Private placement of limited liability company interests Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 **区** Rule 506 ☐ Section 4(6) ULOE New Filing Type of Filing: ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) **CFCM Investors LLC** Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Cohen Financial Capital Management LLC, Two North LaSalle, Suite 800, (312) 346-5680 Chicago, IL 60602 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: The Company was formed primarily to invest in Cohen Financial Capital Management LLC Type of Business Organization □ corporation ☑ other (please specify) ☐ limited partnership, already formed limited liability company □ business trust ☐ limited partnership, to be formed Year Month Actual or Estimated Date of Incorporation or Organization: ■ Actual □ Estimated 10141 0 | 4 | Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

		partnership issuers.	porate general and mana	ignig partners or pa	raicisiip issacis, aid				
Check Box(es) that Apply: Bruce R. Cohen	☑ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☑ General and/or Managing Partner				
Full Name (Last name first, if individual)									
c/o Cohen Financial Capital Management LLC, Two North LaSalle, Suite 800, Chicago, IL 60602 Business or Residence Address (Number and Street, City, State, Zip Code)									
	`								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)				<u> </u>				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)			71 .11.2					
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)		10 T 10 M 10 1		-				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Addr	Business or Residence Address (Number and Street, City, State, Zip Code)								

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	TT 41	•	144.	41 !		11 4		4 *	! Al. !	t o		Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							X					
•								# 500	000*				
2.	wnat	is the mir	nimum inv	estment that	will be ac	cepted fro	m any indi	vidual?	**************	• • • • • • • • • • • • • • • • • • • •	•••••	\$ <u>500.</u> Yes	000 <u>*</u> No
3.	Does	the offeri	ng permit	joint owners	hip of a si	ngle unit?						×	to waiver
4.	Enter	the inforr	nation req	uested for e	ach person	who has	been or wil	l be paid of	r given, dire	ctly or ind	irectly, any	unc	ler certain
				muneration									conditions
				oe listed is a tes, list the 1									
				h a broker o									
Full	Name	(Last nat	me first, if	individual)							-		
Bus	iness c	r Resider	nce Addres	ss (Number	and Street,	City, Stat	e, Zip Cod	e)					
Nan	ne of A	ssociated	l Broker o	r Dealer									
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	(Chec	k "All Sta	ates" or ch	eck individu	al States).							🗆 All	States
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[RI		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	(Last nai	me first, if	individual)									
Bus	iness c	r Resider	nce Addres	ss (Number	and Street,	City, Stat	e, Zip Code	e)					
Nan	ne of A	Associated	l Broker o	r Dealer	<u></u>	<u> </u>							····
Stat	es in V	Vhich Per	son Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers			· · · · · · · · · · · · · · · · · · ·		
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[M] [R]		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify <u>limited liability company interests (common)</u>)*	\$_30,000,000_	\$7,873,582
	Total	\$ 30,000,000	\$ 7,873,582
	*certain common and preferred limited liability company interests valued at \$15 million will also be exchanged for interests in Cohen Financial Capital Management LLC.		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ <u>7,873,582</u>
	Non-accredited Investors		\$ 0
	Total (for filings under Rule 504 only)		\$7,873,582
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.		\$
	Printing and Engraving Costs		s -0-
	Legal Fees		s -0-
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	total expenses furnished in response to P	ate offering price given in response to Part C-Q art C-Question 4.a. This difference is the "adj	usted gross		\$ ³	30,000,000
5.	the purposes shown. If the amount for any	gross proceeds to the issuer used or proposed purpose is not known, furnish an estimate an ments listed must equal the adjusted gross probove.	d check the box	to the suer set		
				Paymen Officers, D		Payments to
				& Affili		Others
	Salaries and fees			\$		□ \$
	Purchase of real estate			\$	f	□ \$
	Purchasing, rental or leasing and insta	llation of machinery and equipment		\$		
	Construction or leasing of plant build	ngs and facilities		\$	[□ \$
	offering that may be used in exchange		_	•		-
	Other (specify): For investment in Co	hen Financial Capital Management LLC		\$		\$ <u>30,000,</u> 000
				\$	[□ \$
	Column Totals			\$	r	□ \$
	Total Payments Listed (column totals	added)	•••••	K	1 \$ <u>30</u> .	.000 , 000
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· · · · ·	Original or Trans	Signature		Data		
ISSI	er (Print or Type)	Signature / minus /	Mon	Date		
_	CM Investors LLC			JUN	216,3	2004
Naı	ne of Signer (Print or Type)	Title of Signer (Print or Type)			ŕ	
<u> T</u> er	rence D. Moore	Authorized Signatory				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)